



SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

FORM 11-K

ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934



(Mark One):

ANNUAL REPORT PURSUANT IO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2004

OR

Commission file number 000-27997

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

SBERA 401(k) Plan as adopted by Oswego County National Bank

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

Bridge Street Financial, Inc. 300 State Route 104 Oswego, NY 13126

jun 2 9 2005

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THOMSON FINANCIAL

SIGNATURES

The Plan. Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

SBERA 401(k) Plan as adopted by Oswego County National Bank

BY: Mefre 1. You

DATE: 6-24-05

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

b Employer real property

Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2004

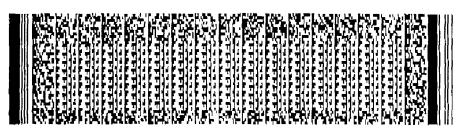
This Form Is Open to Public Inspection.

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Schedule ! (Form 5500) 2004

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For	calendar year 2004 or fiscal plan year beginning	_	, and ending						
A	WEGO COUNTY SAVINGS BANK EMPLOYEES' SAVINGS	& PRO		8	Three-digit		002		
C Plan sponsor's name as shown on line 2a of Form 5500 OSWEGO COUNTY SAVINGS BANK D Employer Identification Number 15-0408170									
Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule II if reporting as a large plan or DFE.									
	Small Plan Financial Information								
Report below the current value of assets and liabilities, Income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.									
1	Plan Assets and Liabilities:		(a) Beginning			((b) End of Year		
a	Total plan assets	_1a		251	7706		3082098		
b	Total plan liabilities	1b		_					
C	Net plan assets (subtract line 1b from line 1a)	1c	2517706			3082098			
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount			(b) Total			
а	Contributions received or receivable	1							
	(1) Employers	2a(1)		_ 5	1268				
	(2) Participants	2a(2)		13	3582				
	(3) Others (including rollovers)	2a(3)		1	2786				
ь	Noncash contributions	2b							
c	Other income	2c		50	0697				
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d				***************************************	698333		
e	Benefits paid (including direct rollovers)	2e		11	9675				
f	Corrective distributions (see Instructions)	2f							
q	Certain deemed distributions of participant loans (see instructions)	20							
'n	Other expenses			1	4266				
i	Total expenses (add lines 2e, 2f, 2g, and 2h)						133941		
i	Net income (loss) (subtract line 2i from line 2d)	2i					564392		
k		2k							
3									
a	Partnership/joint venture interests		3a		No X	——	Amount		



For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.



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	Schadule J (Form 5500) 2004	Pag	<u>e 2</u>		Official Use Only
			Yes	No	Amount
	A second	. 3c	162	X	Ariiouiit
	Real estate (other than employer real property) Employer securities	3d	X		1870785
d	- mproy		X		61393
e	Participant loans Loans (other than to participants)	3f		X	
T Q	Tangible personal property			X	
4	During the plan year:	Carrie 1000	Yes	No	Amount
a	Did the employer fail to transmit to the plan any participant contributions within the time				
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary				
	Fiduciary Correction Program)	<u>4a</u>		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the				
	close of the plan year or classified during the year as uncollectible? Disregard participant	4b		X	
	toans secured by the participants' account balance	· +D			
C	Were any leases to which the plan was a party in default or classified during the year as	. 4c		X	
_	uncollectible? Were there any nonexempt transactions with any party-in-Interest? (Do not include	· • • • • • • • • • • • • • • • • • • •			
a	transactions reported on line 4a.)	4d		X	
_	Was the plan covered by a fidelity bond?	4e	X	1	2500000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was				
f	caused by fraud or dishonesty?	. 4f		Х	
g	Did the plan hold any assets whose current value was neither readily determinable on an				
9	established market nor set by an independent third party appraiser?	. 4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily				
	determinable on an established market nor set by an independent third party appraiser?	. 4h		X	
Ī	Did the plan at any time hold 20% or more of its assets in any single security, debt,			•	
	mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to			Х	
_	another plan, or brought under the control of the PBGC?	4 <u>1</u>		Δ.	
K	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach the IQPA's report or				
	2520,104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
52	Has a resolution to terminate the plan been adopted during the plan year?			amoun	t of any plan assets that
VII	reverted to the employer this year	No.		nount	
5b	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s)	, identify	the pl	an(s) to	which assets or llabilities
	were transferred. (See Instructions.)				
	5b(1) Name of plan(s) 5b(2)	∃IN(\$)			5 b(3) PN(s)
					1
1					
	ાય કાઈએક સામેક દ્વાર	<u> </u>			
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NO. 889 P. 9

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

OSWEGO COUNTY SAVINGS BANK

For calendar year 2003 or fiscal plan year beginning

OSWEGO COUNTY SAVINGS BANK EMPLOYEES'

Plan sponsor's name as shown on line 2a of Form 5500

Pension Benefit Guaranty Corporation

Name of plan

C

Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

SAVINGS & PRO

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you

are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

and ending

B Three-digit

plan number

Employer Identification Number

Official Use Only

OMB No. 1210-0110

2003

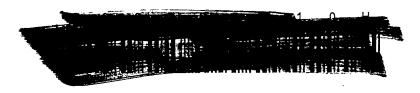
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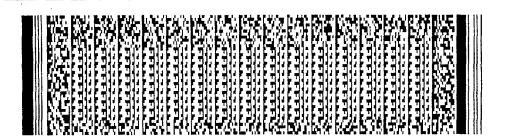
15-0408170

[Ea	Small Plan Financial Information							
Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.								
1	Plan Assets and Liabilities:	e de la companya della companya della companya de la companya della companya dell	(a) Beginning o			(b) End of Year		
а	Total plan assets	_1a		7594	18	2517706		
b	Total plan liabilities	1b						
<u></u>	Net plan assets (subtract line 1b from line 1a)	1c		L7594	18	2517706		
2	income, Expenses, and Transfers for this Plan Year:	2.232	(a) Amour	nt		(b) Total		
а	Contributions received or receivable (1) Employers	2a(1)		554	109			
	(2) Participants	2a(2)		1453	358			
	(3) Others (including rollovers)							
b	Noncash contributions	1						
C	Other income	2c		6553				
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d	建物等实验证证	Same Santan S	ALCOHOL: MAIL	856113		
е	Benefits paid (including direct rollovers)	1		864	104			
f	Corrective distributions (see instructions)	2f						
q	Certain deemed distributions of participant loans (see instructions)	2a						
h	Other expenses	2h		114	121			
i	Total expenses (add lines 2e, 2f, 2g, and 2h)					97825		
į	Net income (loss) (subtract line 2i from line 2d)	2 <u>i</u>				758288		
_k	Transfers to (from) the plan (see instructions)	2k				<u> </u>		
3	Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.							
				Yes	No	Amount		
а	Partnership/joint venture interests				Х			
b	Employer real property		3b		Х			
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the	instruc	tions for Form 5500). vi	3.1	Schedule I (Form 5500) 2003		





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	Schedule I (Form 5500) 2003	Pac	e 2				
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			Yes	No	Amo	unt	
3с	Real estate (other than employer real property)	3c		X			
d	Employer securities	. 3d	Х			1472	
е	Participant loans		X			99	9022
f	Loans (other than to participants)	3f		Х	·		
g	Tangible personal property	3g		X			
Pai							
	During the plan year:	DESCRIPTION OF THE PERSON OF T	Yes	No	Amo	unt	mate state standard starte
4a	Did the employer fail to transmit to the plan any participant contributions within the time						
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary				and the second		
	Fiduciary Correction Program)	4a		Х			The section of the Sales of the
b	Were any loans by the plan or fixed income obligations due the plan in default as of the						60-3 y 5
	close of the plan year or classified during the year as uncollectible? Disregard participant		第四				
	loans secured by the participants' account balance:	4b	Server Aller	X	CANDARA CALAMA		
C	Were any leases to which the plan was a party in default or classified during the year as			*****			
	uncollectible?	4c	erorewe	X	er average very sent trees.		i sacarar a
ď	Were there any nonexempt transactions with any party-in-interest? (Do not include						
	transactions reported on line 4a.)		 _	X		- 200	0000
е	Was the plan covered by a fidelity bond?		X	OST DESCRIPTION OF			UUUU
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was	A12.12.12.12.12.12.12.12.12.12.12.12.12.1		**************************************		فاستخلطت بادو	
	caused by fraud or dishonesty?	4f	10000000	X	o naufadilianston et betalle east 10 de		777777
g	Did the plan hold any assets whose current value was neither readily determinable on an					Max.	
	established market nor set by an independent third party appraiser?	4g	144	X		ed and a skillman out we	
h	Did the plan receive any noncash contributions whose value was neither readily					Supply (4)	25/23/2
_	determinable on an established market nor set by an independent third party appraiser?			X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt,			X			Same and the
	mortgage, parcel of real estate, or partnership/joint venture interest?	4i	Verile S	1		STEEL STATE	
J	Were all the plan assets either distributed to participants or beneficiaries, transferred to			X			
	another plan, or brought under the control of the PBGC?	4j					
K	Are you claiming a waiver of the annual examination and report of an independent qualified						
	public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach the IQPA's report or	4k	X	200			
	2520.104-50 statement. (See instructions on waiver eligibility and conditions.)				nsismans.	100	
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year	No			amount of any p	лан аѕѕе	เร เกสเ
EL	reverted to the employer this year			ount _	(a) to which are	ote or lie	hilition
วต	5b If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets o				915 OF 118	willes	
	were transferred. (See instructions.) Eh/1) Name of plan(s) Eh/2) I	EINI/e)				5h/2\	DN/a\
	5b(1) Name of plan(s) 5b(2) 8	±11 1 (5)				5b(3)	1.14(2)
•				,	1		
							





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